

2022 MEDICAL, DENTAL & VISION INSURANCE PREMIUMS
.5 FTE Twice Monthly Premium Schedule
Effective January 1, 2022 through December 31, 2022

Twice-monthly premiums include \$1.77 for Employee Assistance and CareCounsel Assistance Plans
 *Blue Shield HDHP Twice-monthly Premiums includes \$1.32 for Amino Program

BLUE SHIELD Narrow Network	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$395.71	\$197.86	\$197.86	\$395.71
with 1 Dependent (or Spouse)	\$728.21	\$197.86	\$530.36	\$1,060.71
with 2 or More Dependents	\$1,142.71	\$197.86	\$944.86	\$1,889.71
BLUE SHIELD EPO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$418.71	\$209.36	\$209.36	\$418.71
with 1 Dependent (or Spouse)	\$770.71	\$209.36	\$561.36	\$1,122.71
with 2 or More Dependents	\$1,209.71	\$209.36	\$1,000.36	\$2,000.71
BLUE SHIELD EPO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$484.21	\$209.36	\$274.86	\$549.71
with 1 Dependent (or Spouse)	\$893.71	\$209.36	\$684.36	\$1,368.71
with 2 or More Dependents	\$1,401.21	\$209.36	\$1,191.86	\$2,383.71
BLUE SHIELD PPO (not HSA eligible)	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$637.21	\$209.36	\$427.86	\$855.71
with 1 Dependent (or Spouse)	\$1,175.21	\$209.36	\$965.86	\$1,931.71
with 2 or More Dependents	\$1,845.71	\$209.36	\$1,636.36	\$3,272.71
BLUE SHIELD* (HSA eligible) HIGH DEDUCTIBLE HEALTH PLAN - HDHP with County Contribution to Employee's Health Savings Account	Medical Premium	County Contribution (excl.HSA Contrib)	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$364.71	\$182.36	\$182.36	\$364.71
with 1 Dependent (or Spouse)	\$651.21	\$182.36	\$468.86	\$937.71
with 2 or More Dependents	\$1,022.21	\$182.36	\$839.86	\$1,679.71
KAISER HMO LOW OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$321.89	\$160.95	\$160.95	\$321.89
with 1 Dependent (or Spouse)	\$603.39	\$160.95	\$442.45	\$884.89
with 2 or More Dependents	\$915.89	\$160.95	\$754.95	\$1,509.89
KAISER HMO HIGH OPTION	Medical Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$334.89	\$167.45	\$167.45	\$334.89
with 1 Dependent (or Spouse)	\$625.39	\$167.45	\$457.95	\$915.89
with 2 or More Dependents	\$949.89	\$167.45	\$782.45	\$1,564.89
DENTAL PLANS				
COUNTY SELF-FUNDED DENTAL PLAN DELTA DENTAL DPPO Group #16458	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.61	\$6.52	\$10.10	\$20.19
with 1 Dependent (or Spouse)	\$27.72	\$6.52	\$21.21	\$42.41
with 2 or More Dependents	\$42.43	\$6.52	\$35.92	\$71.83
DELTA DENTAL DeltaCareUSA DHMO Group #06825	Dental Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$16.44	\$6.52	\$9.93	\$19.85
with 1 Dependent (or Spouse)	\$27.02	\$6.52	\$20.51	\$41.01
with 2 or More Dependents	\$41.03	\$6.52	\$34.52	\$69.03
Vision PLANS				
VSP Vision	Vision Premium	County Contribution	Paycheck Deduction Per Pay Period (pre-tax)	Total Monthly Deduction
Employee Only	\$6.36	N/A	\$3.18	\$6.36
with 1 Dependent (or Spouse)	\$9.15	N/A	\$4.57	\$9.15
with 2 or More Dependents	\$16.41	N/A	\$8.20	\$16.41